

No. 99500

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99500

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lewis C. Camper

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 70 Years, 2 months Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Oyster Shucker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Maryland

Duration of Residence in the City of Baltimore, Sixty Years

Place of Death, { Give Street and Number. } 419 S. Deakins

Cause of Death, { First (Primary), Rheumatic Gout
Second (Immediate), Exhaustion }

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 27-1881

{ Undertaker, F. W. Madden }

{ Place of Business, 46 East St. }

William T. Cathell M. D.

Medical Attendant.

Address, 211 Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99501 Office of Registrar of Vital Statistics.

Ward 14^a

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CERTIFICATE OF DEATH.

Date of Death,

(April 27th 87)

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Doge Beck

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, _____ Years,

1

Months,

26

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

105 Gouraudy St.

Cause of Death, { First (Primary),

Spasms

Second (Immediate),

1 Day

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Schwartz Cemetery

Date of Burial, April 28th 87

Undertaker, W. D. Fife

Place of Business,

Address, George St.

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J. J. Fitzpatrick

Sanitary Inspector

No. 99002

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99502 Office of Registrar of Vital Statistics. Ward 12^o

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 27 1887

BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daniel J. Moylan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 16 Years, _____ Months, _____ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 552 Wilson St.

Cause of Death, { First (Primary), Phthisis Pulmonalis
Second (Immediate), Exhaustion }

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 28th 1887

{ Undertaker, Martin Dabney }

{ Place of Business, 606 W. Lombard St. Address, 1701 Dr. Hill Ave. }

Frank J. Flannery M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99503 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

April 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Mariana Skladowska

Pensale

Sex, Male or Female, { Cross out the word not required in this line.

Age, 1 Years, 4 Months, 18 Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Russia

Birth Place, { State or country, and how long in the United States, if of foreign birth.

3 wks.

Duration of Residence in the City of Baltimore,

113 Camden St.

Place of Death, { Give Street and Number.

Bronchopneumonia

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

8 days

All the above information should be furnished by the Physician.

Place of Burial, Sheriff Home Cemetery

Spencer J. Free M.D.

Date of Burial, April 27

{ Undertaker, Evans & Spener

Medical Attendant.

{ Place of Business, 1000 E Baltimore St.

Baltimore

Address, 412 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 77001

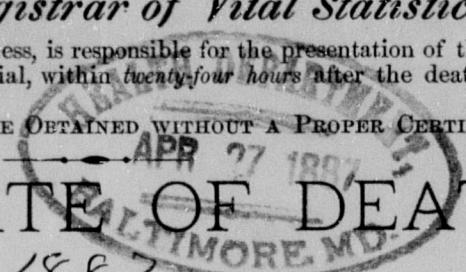
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99574 Office of Registrar of Vital Statistics. Ward 12^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 27th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, _____ Years, one Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Asylum

Cause of Death, { First (Primary), Marasmus
Second (Immediate), Ex }

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, New Health Cemetery

Date of Burial, April 28, 1887

Undertaker, John Masters

Place of Business, Division St.

F. J. Flannery

M. D.

Medical Attendant.

Address, 1201 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 99505

Office of Registrar of Vital Statistics.

Ward 19^e

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29

CERTIFICATE OF DEATH.

Date of Death,

April 27 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

John Wagner

Sex, Male or Female, { Cross out the word not required in this line.

Male

Age,

78

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Widow ✓

Occupation, Shipbuilder

Baltimore Md!

Birthplace, { State or country and how long in the United States, if of foreign birth.

Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number.

Aptmets Home. Calmar Lexington St.

Cause of Death, { First, (Primary.)

Valv Disease of Heart

Second, (Immediate.)

6 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 28 1887

(Undertaker, M. A. Jaeger Atty.

{ Place of Business, 509 S Broadway

Roff Johnson M.D.

Medical Attendant.

Address, 101 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99506 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in his last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. A. Sauerland.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 86 Years, 6 Months, / Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Retired.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Prussia.

Duration of Residence in the City of Baltimore, 55 yrs.

Place of Death, { Give Street and Number. } 1215 Druid Hill Ave.

Cause of Death, { First (Primary), old age. Second (Immediate), }

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Bonne Bra

Date of Burial, April 28

Undertaker, G.W. Blizzard

Place of Business, 1139 Pen Ave

C. O' Donovan M. D.

Medical Attendant.

Address, 311 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99507 Office of Registrar of Vital Statistics. Ward 20.

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 27/87

Full Name of Deceased, Abraham Gray
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male

Age, 2 Years, 6 Months, 0 Days.

Color, C.

Married, Single, Widow or Widower, Single

Occupation,

Birth Place, North Carolina

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, 304 New St. Presetman & Lings

Cause of Death, Pneumonia following Cogitation

Duration of Last Sickness, 20 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Apr. 28th 1887

Undertaker, John Leaver

Place of Business, #738 Eulalia Address, 1501 Presetman

Geo. W. Morris

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, (12^o)

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99508

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.~~

B

CERTIFICATE OF DEATH.

Date of Death, 11.30 A.M. 27th April, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Thomas Matthews

Male

Sex, Male or Female, { cross out the word not required in this line. } Male

Age, Sixty Seven Years, Seven Months, Thirty six Days.

White

Color,

Married

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, He was formerly a Merchant

Baltimore County, Maryland

Birthplace, { State or country, (and how long in the United States, if of foreign birth.) }

Baltimore, about 21 years

Duration of Residence in the City of Baltimore, about 21 years

Place of Death, { Give street and number } 5743 W. Lawrence St-Baltimore

Acute Mania - not Alcoholism Insanity

Cause of Death, { First, (Primary) }

Exhaustion = mercury

Cause of Death, { Second, (Immediate) }

about 11 or 12 days

Duration of last Sickness, about 11 or 12 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Apr. 29th 1887

Undertaker, J. M. Peaver

Place of Business, 738 N. Eutaw

Op'm J. Drost

M.D.

Medical Attendant.

Address, 817 S. Howard St

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore*

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W. L. G. BURLANT & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99509 Office of Registrar of Vital Statistics. Ward 16^a

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CERTIFICATE OF DEATH.

Date of Death,

Apr. 26. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Jas. H. Mason

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years,

Months,

2¹/

Days.

Color,

dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baldo. Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. }

1110 Warwark.

Cause of Death, { First (Primary),

Pneumonia
One week

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28 (1887)

Undertaker, Hercules Ross

Place of Business, 109 Cornhill

J. Taylor Smith M. D.

Medical Attendant.

Address, 540 Barren St.

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[OVER.]